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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

11321-P011C1D3

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(b))		
TOTAL CLAIMS (37 CFR 1.16(c))	57 minus 20 =	* 37
INDEPENDENT CLAIMS (37 CFR 1.16(b))	7 minus 3 =	* 4
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY

OTHER THAN
OR
SMALL ENTITY

RATE	FEES	RATE	FEES
	\$ 370		\$ _____
OR x \$ 9 =	333.00	OR x \$ _____ =	0.00
x \$ 42 =	168.00	OR x _____ =	
+ _____ =		OR + _____ =	
TOTAL	871.00	OR TOTAL	0.00

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN OR SMALL ENTITY		
				RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	* 30	Minus	** 57 =	x \$ _____ =		x \$ _____ =	
Independent (37 CFR 1.16(b))	* 7	Minus	*** 7 =	x _____ =		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	ADDITIONAL FEE	ADDITIONAL FEE	ADDITIONAL FEE
				RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	x \$ _____ =		x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	x _____ =		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	ADDITIONAL FEE	ADDITIONAL FEE	ADDITIONAL FEE
				RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	x \$ _____ =		x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	x _____ =		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.